

Health Department, City of Baltimore.

Permit No. 99150

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. A. Emil Lutz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, 9 Months, 9 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 10 months 24 days

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Scarlet Fever

Second (Immediate), _____

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 11th

Undertaker, E. Schloman

Place of Business, 1089 Hanover St

E. Michener

M. D.

Medical Attendant.

Address, 526 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99157 Office of Registrar of ~~Vital~~ Statistics. Ward 10th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4/10/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phos Neale

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 Years, _____ Months, _____ Days.

Color ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 625 Pierce

Cause of Death, { First (Primary), Second (Immediate), } Dysphoid fever
Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, April 11-1887

{ Undertaker, W. Madden } L. A. Fleming M. D.

{ Place of Business, 46 East St } Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99152 Office of Registrar of Vital Statistics. Ward 12 1/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan M. Makins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 6 1/2 Years, 3 Months, 10 Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cambridge Mass

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } 1123 North Eutam St

Cause of Death, { First (Primary), Carcinoma of Mammary Gland
Second (Immediate), Asthenia

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 11th 87

{ Undertaker, New Enterprise } M. D.

{ Place of Business, Late Barclay } Address, 1123 N Eutam St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

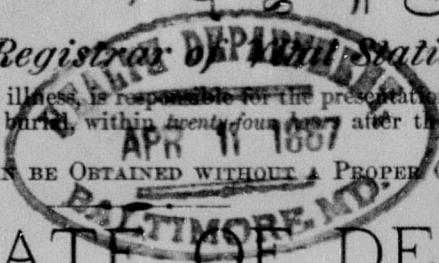
[OVER.]

Health Department, City of Baltimore.

Permit No. 99153 Office of Registrar ~~DEPARTMENT~~ Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William E. Warner

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 800 Edmondson Ave. & B'nine St

Cause of Death, { First (Primary), Second (Immediate), } Cold & Pharyngitis
Acute Gastritis & Typh.

Duration of Last Sickness, About 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 11th 87

{ Undertaker, Neofenick & Sons } J. Ridgway Inman M. D.

Medical Attendant.

{ Place of Business, Park Ward } Address, 1123 E. B'nine St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

99154

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is hereby notified for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

April 9th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Maria C. Randoe

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

21

Years,

Months,

Days.

Color,

White

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

None

Birthplace,

{ State or Country and how long in the United States, if of foreign birth.

~~Baltimore~~ Alexandria

Duration of Residence in the City of Baltimore,

All her life after birth

Place of Death,

{ Give street and number.

613 St. Paul Street

Cause of Death,

{ First, (Primary.)

{ Second, (Immediate.)

Birth's Disease
Shock; after a very hard labor to
instrumental delivery
Thirty-six hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount

Date of Burial,

April 12th 87

{ Undertaker,

New York & Son

{ Place of Business,

Park St. Mary

H. J. Wilson M.D.
Medical Attendant.

Address, 814 Park St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 99155

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10, 1887.

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} S. C. Schoder,

Sex, Male ~~or Female~~, ^{Cross out the word not required in this line.}

Age, 28 Years, _____ Months, _____ Days.

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, ^{Cross out the words not required in this line.}

Occupation, Seaman.

Birth Place, ^{State or country, and how long in the United States, if of foreign birth.} Denmark.

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, ^{Give Street and Number.} 1504 E. Lombard St.

Cause of Death, ^{First (Primary),} Pneumonia Catarrhal,
^{Second (Immediate),} Exhaustion

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Co.

Date of Burial, April 12/87

{ Undertaker, W. J. Dickner, W. C. Chambers M. D.

{ Place of Business, 221 S. Center St. Address, 309-2 E. 1st St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS-BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks hereon, and to those of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99156 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with ten ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1887
Full Name of Deceased, David Credner
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, 74 Years, 4 Months, 19 Days.
Color, White
Married, ~~Single~~, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birth Place, Balt. Md. { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, Life
Place of Death, Cor. Ensor & Monument Sts { Give Street and Number. }
Cause of Death, old age { First (Primary), }
Chronic Nephritis { Second (Immediate), }
Duration of Last Sickness, months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.
Date of Burial, April 11. 1887
{ Undertaker, Mrs. H. Hickman. Dr. S. Latimer M. D.
Place of Business, 234 N. Gay St. Address, 1213 Rutaw Place Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No.

99157

Office of Registrar of Vital Statistics.

Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death,

April 9th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Yost
M. Yost.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

86

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Venetian Blind Manufacturer
Penna

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

43 years

Place of Death, { Give Street and Number. }

723 E. Preston St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia
Asthma

Duration of Last Sickness

8 days

All the above information should be furnished to the Physician.

Place of Burial,

St. Mary's Cemetery
Apr. 11th 1887

Date of Burial,

Apr. 11th 1887

Undertaker,

Wm. Weaver

A. H. Remond

M. D.

Medical Attendant.

Place of Business,

#738 N. Eutan

Address,

722 Ainsworth St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

99158

Office of Registrar of Vital Statistics.

Ward

8
12¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death,

Apr. 10. 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank & Annie Snethers
Snethers

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

6

Days.

Color, red

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

245 Canal St

Cause of Death,

{ First (Primary),

Second (Immediate),

Lock jaw

Injury & cold

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St

Date of Burial,

Apr 11th 1887

Undertaker,

Alex. Hensley

G. A. Fleming M. D.

Medical Attendant.

Place of Business,

561 Orchard St

Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 99159 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within two ~~four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9 1889
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. A. Quinn
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 76 Years, 1 Months, 17 Days,
Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Annapolis

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } 427 Hanover St

Cause of Death, { First (Primary), Chronic Cystitis
Second (Immediate), Emphysema }

Duration of Last Sickness, some years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 11th 1889

Undertaker, John J. Maccher

Place of Business, 150 Camden St

Bro. Quinn M. D.
Medical Attendant.

Address, 1267 N. Gilman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]